

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/573,951
FILING DATE	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3			12				53						
4			61				54						
5			10				55						
6			61				56						
7			10				57						
8			61				58						
9			61				59						
10			61				60						
11			61				61						
12			61				62						
13			61				63						
14			61				64						
15			61				65						
16			61				66						
17			61				67						
18	1						68						
19			1				69						
20			12				70						
21			61				71						
22			61				72						
23			61				73						
24			61				74						
25			61				75						
26			61				76						
27			61				77						
28			61				78						
29			61				79						
30			61				80						
31			61				81						
32			61				82						
33			61				83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	2												
TOTAL OCT.	31	↓											
TOTAL CLAMS	33	↖											

BEST AVAILABLE COPY